

PRINT AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51			
2	1		1				52			
3	2			2			53			
4	2			2			54			
5	2			2			55			
6	2			2			56			
7	1		1				57			
8	1		1				58			
9	1						59			
10	1		1				60			
11	1		1				61			
12	2			2			62			
13	2			2			63			
14	2			2			64			
15	2			2			65			
16	2			2			66			
17	1		1				67			
18	1		1				68			
19	1		1				69			
20			1				70			
21				1			71			
22				1			72			
23				1			73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	9		9				TOTAL IND.			
TOTAL DEP.	19	↓	28	↓			TOTAL DEP.			
TOTAL CLAIMS	18		31				TOTAL CLAIMS			